

# A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

Volume 4 Issue 10—April 2011



## Webinar: Formulations of Buprenorphine

Join us on Friday, April 29 at 2pm Eastern for a timely discussion about the formulations of buprenorphine.

To add to your Outlook calendar, click [here](#).

### At the time of the meeting:

To join online and view slides, click [here](#).

To hear audio, dial 1-800-767-1750, 13881#.

## Research Update

### Mouse-over for abstract

Factors associated with Medicaid patients' access to buprenorphine treatment. Baxter JD, Clark RE, Samnaliev M, Leung GY, Hashemi L. J Subst Abuse Treat. 2011 Apr 1. [Epub ahead of print] PMID: 21459544.

[Full text](#)

Psychiatrist Characteristics That Influence Use of Buprenorphine Medication-Assisted Treatment. Albright J, Ciaverelli R, Essex A, Tkacz J, Ruetsch C. Journal of Addiction Medicine. 4(4):197-203, December 2010.

[Full text](#)

Oral naltrexone maintenance treatment for opioid dependence. Minozzi S, Amato L, Vecchi S, Davoli M, Kirchmayer U, Verster A. Cochrane Database Syst Rev. 2011 Apr 13;4:CD001333. PMID: 21491383.

Facilitators and barriers in implementing buprenorphine in the veterans health administration. Gordon AJ, Kavanagh G, Krumm M, Ramgopal R, Paidisetty S, Aghevi M, Goodman F, Trafton J, Liberto J. Psychol Addict Behav. 2011 Apr 11. [Epub ahead of print] PMID: 21480679.

Prenatal exposure to methadone and buprenorphine: A review of the potential effects on cognitive development. Konijnenberg C, Melinder A. Child Neuropsychol. 2011 Apr 7:1-25. [Epub ahead of print] PMID: 21480011.

Buprenorphine and buprenorphine/naloxone diversion, misuse, and illicit use: an international review. Yokell MA, Zaller ND, Green TC, Rich JD. Curr Drug Abuse Rev. 2011 Mar 1;4(1):28-41. PMID: 21466501.

## Training Brush-Up: Elderly patients

Factors to consider when using buprenorphine in an older patient include:

- Hepatic metabolism is slowed in the elderly, so maintenance buprenorphine doses may be lower than those used in younger patients.
- Care should be exercised in the induction onto buprenorphine, as they could have different sublingual absorption rates for this medication.
- There is increased incident of pain in the elderly. Treatment of pain may complicate the use of buprenorphine.
- The increased incidence of medication use in the elderly, with the resultant possible medication interactions with buprenorphine.

In addition, close observation during induction should also include monitoring of other medical conditions, to ensure no exacerbation of their symptoms occurs upon treatment with buprenorphine.

Because the literature on the use of buprenorphine among the elderly is extremely limited, care should be exercised when choosing buprenorphine maintenance due to changes or differences in body composition and the metabolism of other medications. At the onset of treatment, more frequent monitoring of the patient should occur and should include assessment for medication side effects/interactions, including increased sensitivity to lower doses of buprenorphine.

Check out the CSAT/SAMHSA Treatment Improvement Protocol (TIP), *Substance Abuse Among Older Adults*, [here](#).

Source: DATA-2000 AAAP Training CD-ROM.

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